

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

USW Works

ADDRESS (number and street) ▼

60 Boulevard of the Allies

☐ Check if different than previously reported. (ACC)

Pittsburgh

PA

15222-1214

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00556274

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Stanley W Johnson

Signature of Treasurer

Stanley W Johnson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

USW Works

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 04 | | 01 | | 2016 |

To:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 04 | | 30 | | 2016 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | | | | | | | | |
|--|---|-----------------------------------|---|---|---|------|---|------------|--|--|--|---|------------|--|--|--|--|
| 6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table> | Y | Y | Y | Y | Y | 2016 | | | | | | <table><tr><td colspan="5">3253935.30</td></tr></table> | 3253935.30 | | | | |
| Y | Y | Y | Y | Y | | | | | | | | | | | | | |
| 2016 | | | | | | | | | | | | | | | | | |
| 3253935.30 | | | | | | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period..... | <table><tr><td colspan="5">3778969.63</td></tr></table> | 3778969.63 | | | | | | | | | | | | | | | |
| 3778969.63 | | | | | | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table><tr><td colspan="5">175016.23</td></tr></table> | 175016.23 | | | | | <table><tr><td colspan="5">700050.56</td></tr></table> | 700050.56 | | | | | | | | | |
| 175016.23 | | | | | | | | | | | | | | | | | |
| 700050.56 | | | | | | | | | | | | | | | | | |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <table><tr><td colspan="5">3953985.86</td></tr></table> | 3953985.86 | | | | | <table><tr><td colspan="5">3953985.86</td></tr></table> | 3953985.86 | | | | | | | | | |
| 3953985.86 | | | | | | | | | | | | | | | | | |
| 3953985.86 | | | | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31)..... | <table><tr><td colspan="5">101060.60</td></tr></table> | 101060.60 | | | | | <table><tr><td colspan="5">101060.60</td></tr></table> | 101060.60 | | | | | | | | | |
| 101060.60 | | | | | | | | | | | | | | | | | |
| 101060.60 | | | | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table><tr><td colspan="5">3852925.26</td></tr></table> | 3852925.26 | | | | | <table><tr><td colspan="5">3852925.26</td></tr></table> | 3852925.26 | | | | | | | | | |
| 3852925.26 | | | | | | | | | | | | | | | | | |
| 3852925.26 | | | | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | | | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <table><tr><td colspan="5">0.00</td></tr></table> | 0.00 | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <table><tr><td colspan="5">0.00</td></tr></table> | 0.00 | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

USW Works

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
04 / 01 / 2016

To:

M M / D D / Y Y Y Y Y
04 / 30 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

175016.23

700050.56

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

175016.23

700050.56

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

175016.23

700050.56

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

175016.23

700050.56

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

175016.23

700050.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 101060.60 | 101060.60 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 101060.60 | 101060.60 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 101060.60 | 101060.60 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 175016.23 | 700050.56 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 175016.23 | 700050.56 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 8

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

USW Works

Full Name (Last, First, Middle Initial)

A. United Steelworkers

Mailing Address 60 Boulevard of the Allies

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Pittsburgh | PA | 15222-1214 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700050.56

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 04 | / | 14 | / | 2016 |

Transaction ID : A1B683840478A4C61A60

Amount of Each Receipt this Period

114075.55

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

B. United Steelworkers

Mailing Address 60 Boulevard of the Allies

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Pittsburgh | PA | 15222-1214 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700050.56

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 04 | / | 14 | / | 2016 |

Transaction ID : ABB15E532E130431E8B3

Amount of Each Receipt this Period

60940.68

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|-----|---|-----|---|-------------|

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

175016.23

TOTAL This Period (last page this line number only)..... ►

175016.23

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 7 OF 8
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------|--|---|
| NAME OF COMMITTEE (In Full) USW Works | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00556274</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | |
| Full Name of Payee Falcon Paymasters | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 04 / 13 / 2016 | |
| Mailing Address 5933 South Highway 94 Suite 204 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2179.20</div> | |
| City Weldon Spring | State MO | Zip Code 63304-5608 | Transaction ID : EC0F8244BA9F84E2A8F6 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 04 / 13 / 2016 |
| Purpose of Expenditure Voice over video | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | |
| Name of Federal Candidate Kathleen Alana McGinty | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| Full Name of Payee JVA CAMPAIGNS | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 04 / 13 / 2016 | |
| Mailing Address 240 N. 5th St. Suite 360 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">96719.70</div> | |
| City Columbus | State OH | Zip Code 43215-2600 | Transaction ID : EBBBC4D70DAD3477A82 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 04 / 05 / 2016 |
| Purpose of Expenditure Digital Ad Campaign | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | |
| Name of Federal Candidate Kathleen Alana McGinty | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">98898.90</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | |
| (c) TOTAL Independent Expenditures..... ▶ | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature <i>Stanley Johnson</i> | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 10 / 2016 | |
| [Electronically Filed] | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 8 OF 8
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|---|---|--|
| NAME OF COMMITTEE (In Full) USW Works | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00556274</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee United Steelworkers | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 13 / 2016</div> | | |
| Mailing Address 60 Boulevard of the Allies | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2161.70</div> | | |
| City Pittsburgh | | State PA | Zip Code 15222-1214 | | Transaction ID : E1B0EF7DB39AB4CF3887 |
| Purpose of Expenditure Reimburse video production costs | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 13 / 2016</div> | |
| Name of Federal Candidate Kathleen Alana McGinty | | | Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee | | | Date of Public Distribution/Dissemination | | |
| Mailing Address | | | Amount | | |
| City | | State | Zip Code | | Date of Disbursement or Obligation |
| Purpose of Expenditure | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | |
| Name of Federal Candidate | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2161.70</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">101060.60</div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Stanley Johnson</i> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 10 / 2016</div> | | |
| [Electronically Filed] | | | | | |